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"Together, We Are Better"

TRICARE

www.tricare.osd.mil/TROSouth

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IMPORTANT UPCOMING DATES

CONTACT TROSOUTH@TRICARESW.AF.MIL FOR MORE INFO OR QUESTION

M I	MTE LIMITE MOLLY:-:
 May-June 	MTF-HMHS MOU Visits
• May 25-27	BCAC Conference, Memphis TN
June (tba)	MTF Contract Liaison Training
	San Antonio, TX (details on page 4)
• Aug 1	Start HCD Regions 3&4
• Nov 1	Start HCD Region 6

FROM THE ACTING REGIONAL DIRECTOR:

MARTHA C. LUPO, COL USA

Welcome to the first issue of TRICARE Regional Office-South's Newsletter. Please take a moment to look through this issue. We've attempted to provide an introduction to the TRO leadership, insight into our organizational structure, and additional information we thought would be useful to you during the transition.

The size of our new TRICARE region mandate that the TRO staff explore a variety of communication tools. We've done a fair amount of traveling and welcomed the opportunity to visit most of the MTF's in the South Region. The newsletter, scheduled VTC's, emails, and our soon-to-be active website are just a few of the ways in which we hope to "push" information out to the South region. If there are things you wish to share with others in the region, contact us so that we can include it in future newsletters.

We welcome your comments, questions or suggestions at any time.

WHAT IS A TRO?

(Taken from the TRICARE Governance Plan, signed 20 January 2004)

The TRICARE Regional Offices (TRO) represent the new management organization for managing regional contractors and overseeing an integrated health care delivery system in the three United Statesbased TRICARE regions. The TROs are designated TRICARE Regional Office-North, TRICARE Regional Office-South and TRICARE Regional Office-West.

Each TRO will be led by a Regional Director, reporting to and operating under the authority, direction, and control of the TMA Deputy Director. Within each region the Regional Director is the health plan manager. They have visibility of both the contract and direct care assets, and coordinate with the Services to develop an integrated health plan. Specific responsibilities include:

CLINCAL OPERATIONS DIVISION

Hobson E. "Ed" LeBlanc, Col, USAF, MC, FS

Greetings from the Clinical Operations Division!

Implementing the next generation of TRICARE contracts is just one of many events affecting clinical activities within the MHS and our region. Substantial changes in high-visibility programs such as the Program for Persons with Disabilities (PFPWD) as well as major changes in clinical operations within our MTF walls (such as CHCS-II) are also afoot. The Clinical Operations Division is your point of contact at the TRO for the clinical aspects of these programs.

By way of brief introduction, I'm a Family Physician by background, have been an active Flight Surgeon, deployed as an MTF commander in support of Operation ENDURING FREEDOM, was the deputy of the Air Force Surgeon General's Managed Care staff, ran a small MTF in Norway, and commanded the "Internal Medicine" squadron at Wilford Hall Medical Center, in-

cluding its two residencies and seven fellowships. I'm still clinically active although, admittedly, my TRO responsibilities have made seeing patients on a regular basis a challenge. I most definitely volunteered for this current assignment since I enjoy working the "program" aspects of healthcare in addition to seeing patients.

At present, I remain the only staff member on board. Commander Dawn Cavallario, USN, NC will join the staff this summer and oversee Medical Management programs. In addition,

we will have civilian employees responsible for Clinical Quality Management, Case Management, Special Needs, and Health Program Analysis. As these team members come on board I'll introduce them in future newsletters.

There is a general sense that "Population Health is going away" at the Lead Agent/TRO level and many MTFs have expressed concern regarding the pending loss of the outstanding support they have received in this area from their current Lead Agents. I understand that concern and have to admit we won't have the staffing the current Lead Agents have enjoyed in this area. Nonetheless I think there are some new

opportunities under the new contracts and I'm ensuring we will have staff with the right orientation to take advantage of these. Commander Cavallario will bring a great deal of Pop Health experience from Region 2 when she arrives and I'm ensuring the "analyst" position is filled by someone with a clinical orientation and not simply focused on the numbers.

Given the location of the TRO in the MHS org chart, I want our focus on Pop Health to be geared towards the

regional perspective. To that end I want to facilitate integration of care between the MTFs and network and want to take advantage of region-wide opportunities such as telemedicine. I firmly believe our patients live somewhere on a continuum of pure MTF care on one end and pure civilian care on the other. Few patients truly live on either extreme; even BAMC or WHMC patients occasionally get their care downtown and retirees living in the remotest parts of Texas still stop by our facilities when they come in for their commissary visits. In addition, when our patients relocate they shift from one part of the continuum to another. I see my role as working to ensure our pa-

"I see my role as working to ensure our patients get the same level of care regardless of where they live..."



CONTRACT OPERATIONS DIVISION

TOM CHIPPIE, ADMINISTRATIVE CONTRACTING OFFICER

SURVEILLANCE VS. PERFORMANCE ASSESSMENT

As we all know, the new contracts continue to march towards our new start of health care delivery dates. For those of you that have been around ten years you may see the difference(s) in how the new contract are standing-up. We no longer have one Managed Care Support Contractor to coordinate all aspects. Many moving parts are being developed and coordinated by hard working groups with a goal of smooth and seamless transition for our beneficiaries.

Once health care delivery arrives under these new contracts we will no longer surveill using the traditional methods we have used

in the past, no more "checklists" to use on a monthly basis. Our new terminology is Performance Assessment with most, if not all, of these assessments will being conducted by TRO and TMA staff. Our new methodology is a by-product of the Government's decision to use a Performance Based Specification, which is built to reward exceptional performance. Yes, there are Performance Guarantees for substandard performance in certain areas but our basic intent is one of reward, using a more positive approach in lieu of playing the "gotcha game".

While TRO and TMA staff will monitor reports the Government will always retain the right to Inspection of Services allowed under the Federal Acquisition Regulations. The overall goal here is for the Government and Contractor to work hand-in-hand to provide a high rate of satisfaction for our ultimate customers, our beneficiaries.

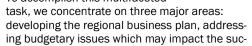
BUSINESS OPERATIONS DIVISION

WILLIAM PERRY, CAPTAIN, USN

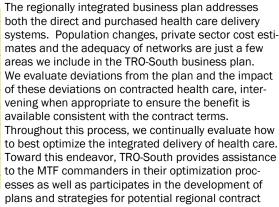
Mission

The Business Operations Department is responsible for performing reviews, special analyses and studies of the regional integrated health

care delivery system; providing input on the requirements and cost of the this health care; and making recommendations necessary to address deviations from the regional business plan. A critical, major focus of our section is ensuring the Military Treatment Facility (MTF) Commanders receive the necessary health care support from Humana that they require to accomplish their peacetime and wartime mission requirements. To accomplish this multifaceted



cessful implementation of this plan, and monitoring Humana's compliance with the TRICARE Region South contract.



changes and enhancements. TRO-South Business Operations Department is focused on continually pursuing better business processes for planning, implementing and evaluating the delivery of the enhanced TRI-

(Continued on page 4)

PROGRAM OPERATIONS DIVISION

RAMON SANCHEZ, COL, USA

Program Operations is responsible for a number of critical tasks accomplished by the Regional Office. Dedicated professionals in three major branches of the Division carry out these tasks. The branches are Purchased Care, Access and Customer Service.

The Purchased Care Branch is responsible for ensuring healthcare is delivered as required by Managed Care Support Contract (MCSC). Its personnel provide technical assistance to Multi-Market Offices, Military Treatment Facilities and Managed Care Support Contractors on DoD policy and contract requirements, involving manage care delivery, congruence

with the regional business plan, and coordination among regional market managers. This branch's staff also assists with coordinating services between local support contracts and regional MCSC. They analyze projects that might show potential improvements to the existing MCSC. Likewise, they can assist in the development of plans and strategies for potential regional contract changes and enhancements. They can also perform reviews, special analyses, studies and evalua-

tions of the operations requirements necessary for the integrated delivery of healthcare in the region.

The Access Branch coordinates matters pertaining to the availability and management of non-catchment (outside of

the MTF) area healthcare administration and delivery. The staff monitors purchased care trends and recommends network expansion or other direct endeavors to ensure healthcare is available throughout the region. The branch provides direction, theoretical concepts, research and assists in the development of Measures of Effectives to evaluate the MCSC network's adequacy and ability to meet access standards. This branch is the focal point for customer service issues relating to

patient access and provider relations. This branch's staff includes an employee of the Department of Veteran Affairs. It is his job to recommend areas where the Veterans Health Administration and the Department of Defense can work together to provide better access to healthcare, while at the same time saving critically needed funding.

The Customer Service Branch is the largest of the Program

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TRICARE NEXT GENERATION OF CONTRACTS ESSENTIAL WEB LINKS

Whether you are researching a benefit question for your Commander or preparing a brief for the community, you want to ensure that you have most current information available. This is easy if you have a few essential links from TMA's website on your "Favorite Places".

TRICARE MANUALS-Published Change Packages

Whenever the TRICARE Operations, Policy, Systems, or Reimbursement Manuals are updated, a change package is published that details the changes. Make sure that you're looking at the current manuals! The updated manuals for the new contract are located at:

http://www.tricare.osd.mil/electronicchangepackage/default.cfm

TRICARE New Contracts and Me (for beneficiaries)

This is a great site to publicize for beneficiary related information on the new contracts. Great summaries and FAQ's.

http://tricare.osd.mil/contractsimplementation/default.cfm

MTF Contract Liaison Training

TRO South will be hosting a training opportunity for MTF contract liaisons in late June.

These individuals will be an MTF Commander's primary point of contact for matters related to the new contract. The concept of a single or primary point of contact for new contract issues is the logical evolution from the COTR's in the old contract. The performance based nature of the new contract eliminates the traditional contract surveillance functions of the COTR's but there continues to be a need for someone to facilitate problem resolution and decision making between the MTF and the TRO.

TRO South will fund one person from each MTF to attend the two day training course that will be held in San Antonio. The time and place for the meeting will be determined soon and the information disseminated to all MTFs.

CLINICAL OPERATIONS (CONT)

(Continued from page 2)

tients get the same level of care regardless of where they live on that continuum and no matter what region they move to.

Future newsletters will focus on such hot issues as referral processes, the clinical quality oversight process, programs for patients with special needs, and other topics important to our region. If you have particular topics you would like addressed

in this forum, please feel free to forward them to me for consideration.

I look forward to working with all of you to ensure our patients get the right care at the right place and time with the support of our network providers and contractors.

BUSINESS OPERATIONS (CONT)

(Continued from page 3) CARE benefit.

As MHS budgetary legislation and policy issues change, how these changes will impact the region is critical to the overall success of the MHS mission. The Business Operations Department monitors those changes and represents the region in providing input on the impact of such decisions. The department also provides input to the Program Objective Memorandum (POM), Budget Estimate Submission (BES) and the President's Budget for the Defense Health Program regarding health care in the region. We monitor overall execution of the TRO-South business plan from a financial perspective, identifying problematic issues and intervening where indicated.

Providing technical assistance to MTFs, TMA and Humana on DoD policy and contract requirements is one component of the third critical role of the Business Operations Department. Interpreting contractual requirements, having oversight of and conducting contractor performance assessment, and performing surveillance of fraud and abuse issues. Essentially, we are your representative to Humana and TMA

WHAT IS A TRO (CONT)

(Continued from page 1)

- 1. Management of the TRICARE contracts for all eligible MHS beneficiaries in the region. This responsibility includes:
 - o ensuring network quality and adequacy including provider issues
 - monitoring customer satisfaction outcomes
 - o managing TRO customer service issues
 - o coordinating appointing and referral management policies
 - o addressing enrollment issues
 - o contracting and fiscal management functions
 - o establishing and coordinating regional marketing and education functions
 - o overseeing contractor credentialing
 - o developing TRICARE Maximum Allowable Charge (TMAC) waiver packages
 - approving resource sharing agreements entered into between the contractor and the MTF under the auspices of the new contract
 - o ensuring contract support for MTF optimization
 - o approving memorandums of understanding with the contractor(s)
 - o serving as the award fee determination official for the Health Care Services and Administration contract
 - o other delegated functions.
- 2. Provision of support to the military medical treatment facility (MTF) Commanders in their delivery of health care services for MTF-enrolled beneficiaries; for the management of health care services for beneficiaries not enrolled to MTFs; supporting the MTF Commanders in their efforts to optimize health care services in the MTFs; and other assistance as required to support both MTF and remote areas to meet regional strategic planning goals and the annual business plan objectives.
- 3. Development of business plans for non-MTF areas (e.g., BRAC sites), remote areas, and those areas in which a Service Surgeon General requests Regional Director support.
- 4. Integration of MTF and remote business plans into a single, regional business plan for submission to TMA prior to the start of each fiscal year, and subsequent monitoring of performance against the business plans.
- 5. Funding of regional initiatives to optimize and improve the delivery of health care, through dedicated resources and a disciplined and open business case planning/approval process. Opportunities for investment capital can be initiated by the Regional Director, a single MTF Commander or by a Senior Market Manager on behalf of the MTFs in a multiple service market.
- 6. Chair of the TRICARE Regional Advisory Committee

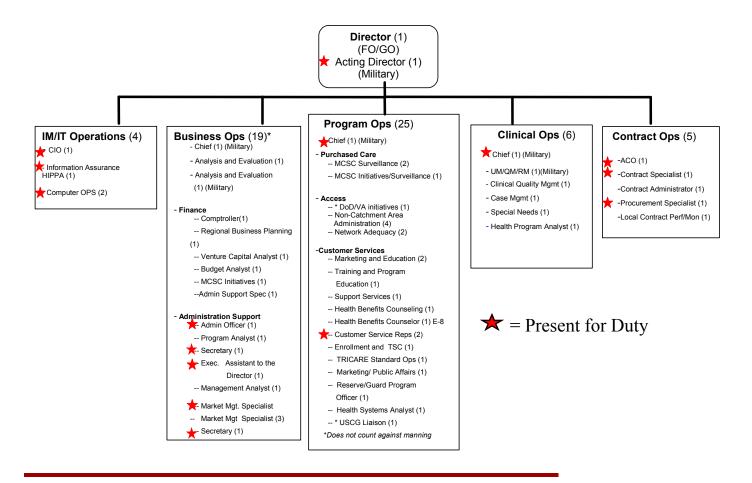


**SOUTH CONTRACT: DO YOU HAVE YOUR MTF COPY?

Several months ago, the redacted copy of the South Contract for Health Care Services and Support was provided to Service Representatives for dissemination to their respective MTFs. The primary point of contact for each MTF (i.e. COTR's, Cdr. Designee) should have received their copy by this time. Those MTF's who have not received their copies of the contract should contact their Intermediate Command (MAJCOM, RMC, HSO). MTF's that are unsuccessful in securing a copy of the contract should contact the TRO South Contracting Office.

**Remember that the redacted contract is a proprietary document and should be shared only with government employees requiring access to the information contained in the contract on a "need to know" to know basis.

TRICARE Regional Office SOUTH Organizational Chart (30Apr04)



PROGRAM OPERATIONS (CONT)

(Continued from page 3)

Operations Division. The branch's staff is responsible to ensure DoD beneficiaries have up to date information about the TRI-CARE program through regionally customized marketing and educational materials and briefings. The public affairs representative is part of this branch and provides the region with the latest news and information. The staff is also responsible for supporting Army, Navy, Air Force and Coast Guard Customer Service/Benefit Representatives/Beneficiary Counseling and Assistance Coordinators/Debt Collection Assistance Officers. The staff assists these beneficiary focused professionals by helping them to address, resolve, and analyze beneficiary issues and concerns. The concerns may be in the areas of health-care claims, enrollment, care authorization, or other TRICARE system problems that are complicated or unduly delayed.

There are also two liaison staff members. The first is a member of the United States Coast Guard. He is responsible for assisting the DoD and USCG to work closely together to ensure that USCG beneficiaries get appropriate healthcare and that USCG clinics are part of the regional plan for the delivery of healthcare. The second liaison is part of the US Reserve and Guard program. He or she will make sure that those individuals who are part of these important programs and their families receive the care to which they are entitled.